



# MO HealthNet Managed Care



Your  
**Guide** to  
**Enrollment**

## Enrollment Contact Information

### MO HealthNet Managed Care Enrollment Helpline

Toll free: 1-800-348-6627

Monday – Friday

7:00 A.M. – 6:00 P.M.

(except holidays)

### MO HealthNet Website

<http://dss.mo.gov/mhd/participants/mc/>

### Health Plan Contact Information

See the “Your MO HealthNet Managed Care Health Plan Options” flyer included in your packet.

### Translator Service

Toll Free: **1-800-348-6627** for interpretative services if you do not speak English

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-348-6627**.

**CHÚ Ý:** nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số có **1-800-348-6627** (TTY: **711**).

### Hearing or Speech Impaired

Relay Missouri

Voice 1-800-735-2466

Text Phone 1-800-735-2966

# Welcome to MO HealthNet Managed Care

Inside this guide, you will find information about the MO HealthNet Managed Care Program. Managed Care is a way for you to get the health care services that you need through a Managed Care health plan that you get to choose. Please take a few minutes to review the information in this guide and if you have any questions or need more information, go to our MO HealthNet Managed Care Participant website at <http://dss.mo.gov/mhd/participants/mc/> or call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627.

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## Why do I Need to Enroll in a Health Plan?

You need to enroll in a MO HealthNet Managed Care health plan to get health care services. **If you do not pick a MO HealthNet Managed Care health plan by the date on your enrollment form, one will be chosen for you. You will get a letter in the mail that gives you information on your new health plan and when services will begin.**

You need to enroll in a MO HealthNet Managed Care health plan to get health care services because of the eligibility group that you are in.

The Managed Care eligibility groups are:

Managed Care Eligibility Groups	
MO HealthNet for Families	Children in care and custody of the State
Children receiving Adoption Subsidy	MO HealthNet for Kids
Children receiving Refugee Assistance	MO HealthNet for Pregnant Women
Transitional MO HealthNet	Children's Health Insurance Program (CHIP)

If you are not in one of these eligibility groups, are in the Aids Waiver Program, or have Medicare coverage, you cannot be in MO HealthNet Managed Care. You would get services from the MO HealthNet Fee-For-Service Program.

If you change to an eligibility group not in MO HealthNet Managed Care, get Medicare coverage, or enter the Aids Waiver Program while you are in MO HealthNet Managed Care, your coverage in your MO HealthNet Managed Care health plan will stop. You will then have services from the MO HealthNet Fee-For-Service Program.

If you get Supplemental Security Income (SSI) benefits, meet the SSI medical disability definition, or get adoption subsidy benefits, you may choose to be in the MO HealthNet Fee-For-Service Program instead of the Managed Care Program. Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 for more information or if you have questions regarding your health care options.

## How Do I Choose a Health Plan?

You will need to choose from one of the three MO HealthNet Managed Care health plans listed on the “Your MO HealthNet Managed Care Health Plan Options” flyer included in your enrollment packet. When choosing a MO HealthNet Managed Care health plan, you may want to think about the doctors, providers, hospitals and clinics you use now. If that doctor is with one of the health plans, that plan may be a good match for you. You can have one health plan for the whole family or you can have a different health plan for each family member.

### Need Help Choosing a Health Plan?

If you need help choosing a health plan or want more information, please go to the MO HealthNet Managed Care Participant webpage at: <http://dss.mo.gov/mhd/participants/mc/>.

You can also call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 for assistance in choosing a Managed Care health plan. Choice counseling includes answering member questions about each MO HealthNet Managed Care health plan such as:

- Is my provider in the health plan network?
- Does the health plan have specialists close to my community?
- Does the health plan have more services that would benefit me?





## How Do I Choose a Primary Care Provider?

Your Primary Care Provider (PCP) is the doctor, nurse practitioner, or clinic you call when you need health care services, *unless it is an emergency*. You must pick a PCP in a MO HealthNet Managed Care health plan. If you have a chronic illness, special needs, or are pregnant, your PCP may be a specialist.




You can also choose a Federally Qualified Health Center (FQHC) as your PCP. An FQHC is a center or clinic that provides primary care and other core services such as physician services; preventive (wellness) health services from a physician assistant, nurse practitioner, and/or social worker; behavioral health services; immunizations (shots); home nurse visits; and other services the FQHC provides.

Check to see if the doctors, hospitals, or clinics (including FQHCs) you use now are a MO HealthNet Managed Care health care provider. To search for an available PCP, please go to <https://apps.dss.mo.gov/pcp/SearchForPCP.aspx>. You can also call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 and ask for a list of PCPs to be mailed to you or for help selecting a PCP.

If you decide to change your PCP after you have enrolled, call your MO HealthNet Managed Care health plan.

## How do I Enroll?

### You have three ways to enroll:

-  **Online:** The fastest way to enroll is online or from your mobile device at: <https://apps.dss.mo.gov/mhdOnlineEnroll/>
-  **Phone:** Enroll by calling the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627. *Please be aware that hold times may vary.*
-  **Mail:** Return the enrollment form in the pre-paid envelope.

### Before You Enroll

Review your enrollment form:

- Cross out any information that is incorrect and write the correction next to it as clearly as possible.
- Report corrections to member names, Social Security numbers, or gender to the Family Support Division (FSD) Information Center at 1-855-373-4636.
- Complete the **Health Risk Assessment** and return it in the pre-paid envelope along with your enrollment form if you are enrolling by mail. If you are enrolling online or by phone, you do not need to complete and return this form.

### What Happens After I Enroll?

- You will receive a confirmation letter in the mail about your MO HealthNet Managed Care health plan and the date your services will begin.
- You will receive a welcome packet from the MO HealthNet Managed Care health plan that you choose.

## Do I have to Pay a Premium?

Based on your family's income and family size, your family may need to pay a monthly premium. The letter you received from the Family Support Division about your eligibility should have told you if you need to pay a premium. If you have any questions about premiums, call MO HealthNet Participant Services at 1-800-392-2161.

### Alternative Care

If your child is in Alternative Care (foster care or those receiving an adoption subsidy), you do not have to pay a premium for your child's health care services.

### American Indian/Native Alaskan Tribe Members

If your child is a member of a federally-recognized American Indian or Native Alaskan tribe, you do not have to pay a premium for your child's health care coverage. You must provide proof of membership to not pay a premium. Send a copy of the proof of your child's tribal membership and your child's MO HealthNet identification card to MO HealthNet Participant Services by mail, fax, or email. Proof of membership can be a copy of a tribal membership card or letter issued by a tribe that is recognized by the United States Department of the Interior, Bureau of Indian Affairs.

#### ■ Mail

MO HealthNet Division  
Participant Services  
P.O. Box 6500  
Jefferson City, MO 65102-6500

#### ■ Fax

(573) 526-2471

#### ■ Email

[Ask.MHD@dss.mo.gov](mailto:Ask.MHD@dss.mo.gov)



*Email your scanned records and use "Participant Services Unit" for the subject line.*



## What is the Health Risk Assessment Form?

Health Risk Assessment forms are included in this packet. Please fill out the form for each person in your household. The answers to the health questions will help your MO HealthNet Managed Care health plan understand your health care needs. Return the Health Risk Assessment with your enrollment form in the pre-paid envelope if you are enrolling by mail. If you are enrolling online or by phone, you do not need to complete and return this form.

## What Benefits Are Covered?

As a member of the MO HealthNet Managed Care Program, you will receive benefits through a MO HealthNet Managed Care health plan. Some of the services are limited based on your eligibility group or age. The benefits that may be limited are marked with an asterisk “\*”. Some services need prior approval before getting them. There are certain health care services that are not covered by your MO HealthNet Managed Care health plan. These services are covered by MO HealthNet’s Fee-For-Service Program, using MO HealthNet approved providers, even when you are in a MO HealthNet Managed Care health plan. Please work with your health care provider to determine if the specific service you need is covered. You may contact the health plan to find providers you can see for the health services described on pages 10-11. All three health plans offer these same benefits.

After you enroll with a MO HealthNet Managed Care health plan, the health plan will send you a member handbook that will have information about your MO HealthNet Managed care benefits. Please read it carefully and keep it in a safe place. If you have questions about your MO HealthNet Managed Care health plan’s guidelines, call your MO HealthNet Managed Care health plan or visit their website listed on “Your MO HealthNet Managed Care Health Plan Options” flyer included in your packet.

Plan Benefits	Services For All Managed Care Members
24-hour access by phone	Covered
Ambulance	Covered
Ambulatory Surgical Center, Birthing Center	Covered
Behavioral Health/ Substance Use Disorders	Covered
Dental Services	Covered
Durable Medical Equipment (DME)	*Limited Coverage
Emergency medical, behavioral health and substance use disorders and, post-stabilization services	Covered
Family Planning Services	Covered
Home Health Services	*Limited Coverage
Hospice (if you are in the last six months of your life)	Covered *(Children may get hospice services and treatment for their illness at the same time)
Inpatient and Outpatient Services	Covered
Laboratory Tests and X-rays	Covered
Maternity Services	Covered
Personal Care	Covered
Preventive Care including: <ul style="list-style-type: none"> <li>Well Checks</li> <li>Mammograms</li> <li>Cancer Screenings</li> </ul>	Covered
Podiatry (medical services for your feet)	*Limited Coverage

Plan Benefits	Services For All Managed Care Members
Primary Care Provider (PCP) Services	Covered
Specialty Care with PCP Referral	Covered
Transplant Related Services	Covered
Transportation to Medical Appointments	*Limited Coverage
Services provided by Local Public Health Agencies (LPHA or Health Department) including: <ul style="list-style-type: none"> <li>■ Immunizations (shots)</li> <li>■ Screening, diagnosis and treatment of sexually transmitted diseases, HIV, tuberculosis and lead poisoning</li> </ul>	Covered
Vision	Covered
Plan Benefits	Children & Pregnant Women Get These Additional Services
Comprehensive Day Rehabilitation: services to help you recover from a serious head injury	Covered
Diabetes Education and Self-Management Training	Covered
Hearing aids and related services	Covered
Healthy Children and Youth (HCY) services, also called Early, Periodic Screening, Diagnosis, and Treatment (EPSDT). Examples include: <ul style="list-style-type: none"> <li>■ Physical Exams</li> <li>■ Immunizations (shots)</li> <li>■ Testing Lead Levels in Blood</li> </ul>	Covered for those under 21 years old
Podiatry (medical services for your feet)	Covered

## Additional Information About Your Benefits

### Address Change

If your address or phone number changes, call the Family Support Division (FSD) Information Center at 1-855-373-4636, Monday through Friday, 7:30 A.M. to 5:30 P.M.

### Access to Care

Your MO HealthNet Managed Care health plan must provide urgent care for physical or behavioral health illness within 24 hours, routine care with symptoms within five business days, or routine care without symptoms within 30 calendar days. For maternity care there are special requirements. Check your member handbook for more details. Your Mo HealthNet Managed Care health plan must make providers available within 30 miles from where you live. If there is not a licensed physical or behavioral health provider within your area, you will have access to physical and behavioral health providers within 60 miles from where you live. Check your member handbook for more details.

### Grievance or Appeal

To make a grievance or appeal, call or write to your MO HealthNet Managed Care health plan.

### Health Care Identification (ID) Cards

#### MO HealthNet ID Card

- All members receive a MO HealthNet ID Card.
- Always carry your card with you.
- Show your card to the provider every time you get care.
- If you lose your MO HealthNet ID card or go off of MO HealthNet and come back on and need a new one, call the FSD Information Center at 1-855-373-4636 to request a new MO HealthNet ID card.

#### Managed Care Health Plan Card

- In addition to the MO HealthNet ID card, you will also receive a card from the MO HealthNet Managed Care health plan that you are enrolled with.
- Show both cards (MO HealthNet ID and your MO HealthNet Managed Care health plan card) every time you get healthcare services.
- If you lose your MO HealthNet Managed Care health plan card, call your health plan to ask for a new one.

## Additional Information About Your Benefits

### MO HealthNet ID Card Cont.

You will need your MO HealthNet ID card for the following services:

- Pharmacy
- School-based services
- Bone marrow and organ transplants
- SAFE/CARE exams for abused children
- Behavioral health/substance use treatment
- Targeted case management for behavioral health services
- Abortion - (termination of a pregnancy resulting from rape, incest, or when needed to save the mother's life)
- Smoking cessation

### **New Baby**

If you have a new baby, you must call the FSD Information Center at 1-855-373-4636 to let them know.

### **Pharmacy Dispensing Fee**

Members age 19 and older pay a pharmacy dispensing fee for each drug they get.

- You will not pay a dispensing fee when the medicine is for an emergency, family planning, a foster child, EPSDT/HCY services, or a pregnancy related reason.
- You will be able to get your prescription even if you cannot pay. You will still owe the fee and should pay it like your other bills.

### **Release for Ethical Reasons**

Your MO HealthNet Managed Care health plan may not, for moral and religious reasons, provide or pay for a service for which it is required to provide or pay for.

- If so, your health plan will let you know how and where else to get the service.

### **Sick Child**

If your child gets sick, you must first call your PCP *unless it is an emergency*. In an emergency, you do not need to call your PCP first. Go to the nearest emergency room, even if it is not in your health plan network or call 911.

### **Specialist**

If you need a specialist, in some cases, your PCP should refer you.

## Can I Change Health Plans Later?

A goal of the MO HealthNet Managed Care Program is for you to have a health plan you are comfortable with that can help you get health care services. The program requires that you are enrolled with a health plan. You may change your MO HealthNet Managed Care health plan for any reason during the first 90 days after you become a MO HealthNet Managed Care health plan member.

You may be able to change your MO HealthNet Managed Care health plan after 90 days. Some reasons for changing health plans include, but are not limited to the following:

- Your PCP or specialist is no longer with your health plan and is in another MO HealthNet Managed Care health plan.
  - This applies to PCPs or specialists you have seen at least once in the last year or you have seen most recently except in the case of an emergency.
  - Your MO HealthNet Managed Care health plan cannot make you leave their plan because of a health problem.
- You may change your health plan at any time for reasons of “Just Cause.” For more information on what is “Just Cause,” please call the MO HealthNet Managed Care Enrollment Helpline.
- You will be able to change your health plan during your annual open enrollment period.

Children in Alternative Care or who receive adoption subsidy may change MO HealthNet Managed Care health plans whenever necessary, including when placement ends.

For help with changing MO HealthNet Managed Care health plans, please call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627.



## Need Help with MO HealthNet Managed Care?

**Advocates for Family Health** is an ombudsman service. An ombudsman is a problem solver who can advise and help you. Advocates for Family Health can help you if:

- You need help understanding your rights and benefits under MO HealthNet Managed Care.
- You feel your rights to health care are being denied.
- You are not able to solve the problem by talking to a nurse, PCP or your MO HealthNet Managed Care health plan.
- You need to talk to someone outside of your MO HealthNet Managed Care health plan.
- You are not sure how to make a grievance.
- You want an advocate to help you when filing a grievance.
- You need help when appealing a decision by your MO HealthNet Managed Care health plan.
- You need help getting a State Fair Hearing.

*You can get legal help at no cost to you by contacting the legal aid office for your county. For help, call or write to the Advocates for Family Health office for your county (next page).*

## **Legal Aid of Western Missouri**

Serves the following counties: Andrew, Atchison, Barton, Bates, Benton, Buchanan, Caldwell, Camden, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Hickory, Holt, Jackson, Jasper, Johnson, Lafayette, Linn, Livingston, McDonald, Mercer, Morgan, Newton, Nodaway, Pettis, Platte, Putnam, Ray, Saline, St. Clair, Sullivan, Vernon, and Worth.

Advocates for Family Health

Legal Aid of Western Missouri

1125 Grand Boulevard, Suite 1900

Kansas City, MO 64106

816-474-6750 or toll free 1-866-897-0947

Fax: 816-474-9751

## **Mid-Missouri Legal Services**

Serves the following counties: Audrain, Boone, Callaway, Chariton, Cole, Cooper, Howard, Miller, Moniteau, Osage, and Randolph.

Advocates for Family Health

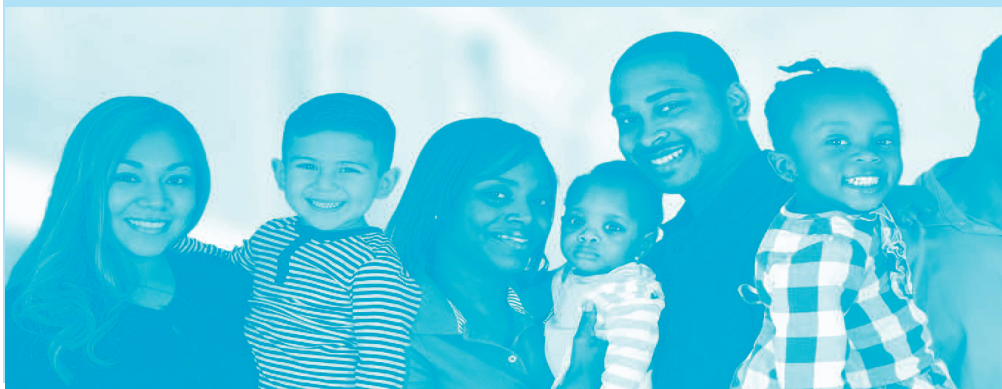
Mid-Missouri Legal Services

1201 W. Broadway

Columbia, MO 65203

573-442-0116 or toll free 1-800-568-4931

Fax: 573-875-0173





## **Legal Services of Southern Missouri**

Serves the following counties: Barry, Bollinger, Butler, Cape Girardeau, Carter, Cedar, Christian, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Gasconade, Greene, Howell, Iron, Laclede, Lawrence, Madison, Maries, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Phelps, Polk, Pulaski, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Shannon, Stoddard, Stone, Taney, Texas, Wayne, Webster, and Wright.

Advocates for Family Health

Legal Services of Southern Missouri

809 North Campbell

Springfield, MO 65802

417-881-1397 or toll free 1-800-444-4863

Fax: 417-881-2159

## **Legal Services of Eastern Missouri**

Serves St. Louis City and the following counties: Adair, Clark, Franklin, Jefferson, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Schuyler, Scotland, Shelby, St. Charles, St. Louis, Warren, and Washington.

Advocates for Family Health

Legal Services of Eastern Missouri

4232 Forest Park Avenue

St. Louis, MO 63108

314-534-1263 or toll free 1-800-444-0514 ext. 1251

Fax: 314-534-1028



# What are My Rights?

## Member Rights

*As a MO HealthNet Managed Care health plan participant, you have certain rights that protect the quality of care you receive from your health plan. You have the right to:*

- Be treated with respect and dignity.
- Receive needed medical services.
- Privacy and confidentiality (including minors) subject to state and federal laws.
- Select your own PCP.
- Refuse treatment.
- Receive information about your health care and treatment options.
- Participate in decision-making about your health care.
- Have access to your medical records and to request changes.
- Have someone act on your behalf if you are unable to do so.
- Be free of restraint or seclusion from a provider who wants to:
  - Make you do something you should not do
  - Punish you
  - Get back at you
  - Make things easier for him or her
- Be free to exercise these rights without retaliation.
- Receive one copy of your medical records once a year at no cost.

## My MO HealthNet Contact Information

Use this page to keep track of important phone numbers for all of your health care needs. Keep this near your phone to contact the right people to help you with your health care.

**MO HealthNet**

**Managed Care Health Plan** \_\_\_\_\_

**Primary Care Provider** \_\_\_\_\_

**Hospital** \_\_\_\_\_

**MO HealthNet**

**Enrollment Helpline** 1-800-348-6627 \_\_\_\_\_

**Emergency** Call 911 \_\_\_\_\_

**Website** <http://dss.mo.gov/mhd/participants/mc> \_\_\_\_\_

**Email** Ask.MHD@dss.mo.gov \_\_\_\_\_



